



DEPARTMENT OF  
INTELLECTUAL AND  
DEVELOPMENTAL DISABILITIES

DOCUMENTATION OF COMPLAINT  
Pursuant to Title VI of the Civil Rights Act of 1964.

|  |                      |      |
|--|----------------------|------|
| NAME (of person making the complaint)  |                      |      |
|  | ADDRESS              |      |
|  | TELEPHONE (business) |      |
|  | TELEPHONE (home)     |      |
| DESCRIPTION OF THE COMPLAINT: (describe what happened and who you believe was responsible)   |                      |      |
| APPARENT BASIS OF THE DESCRIBED SITUATION: (select all that apply and explain)   |                      |      |
| <input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> national origin                              |                      |      |
| DATE DESCRIBED SITUATION OCCURRED:   |                      |      |
| NAME OF ORGANIZATION INVOLVED:   |                      |      |
|  | ADDRESS              |      |
|  | TELEPHONE (business) |      |
| PERSON INVOLVED (if other than complainant)  |                      |      |
|  | ADDRESS              |      |
|  | TELEPHONE (business) |      |
|  | TELEPHONE (home)     |      |
| HAS THE COMPLAINT BEEN FILED THROUGH ANOTHER GRIEVANCE OR COMPLAINT PROCESS?<br>IF SO, EXPLAIN AND PROVIDE CURRENT STATUS OF SUCH: |                      |      |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                      |      |
| Signature  |                      | Date |
| * attach any written materials or other information relevant to the complaint  |                      |      |